

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022878

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 2941

FILED JUN 25 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

43 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONBaptist-Memorial Hosp. * Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Johnson

c. CITY

OR TOWN

Prairie Village

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

4113 W. 67th Terrace

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MARTHA

ANN

BORNHAUSER

4. DATE OF DEATH

Month

Day

Year

June 1, 1962

5. SEX

Female

6. COLOR OR RACE

Cauc.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/2/1927

9. AGE (last birthday)

35

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Boonville, Missouri U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

William Quint

13b. MOTHER'S MAIDEN NAME

Nellie Morris

14. NAME OF HUSBAND OR WIFE

Sam F. Bornhauser

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Kansas

Sam F. Bornhauser, Prairie Village.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

24 Hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Uremia

3 years

DUE TO (c)

Chronic Glomerulonephritis

18 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-9-62 to 6-1-62 and last saw her alive on 6-1-62
Death occurred at 3:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Meton B. Ogar, M.D.

22b. ADDRESS

701 E. 63rd K.C. Mo

22c. DATE SIGNED

6-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 2, 1962

23c. NAME OF CEMETERY OR CREMATORY

Walnut Grove Cemetery

23d. LOCATION (City, town, or county)

Boonville, Missouri

(State)

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.

6-3-62

26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M.B. Ogar

JUL 17 1962

2. Miller B. 1962
Route 11. MacLean, Bldg. 701
11.00. 21.00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herb LaBatt

Licensed Embalmer No. 3035

P. O. Address E. C. Jensen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.